

6/15/06

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. 09050086	FILING DATE
						APPLICANT/1	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3							
4	1						
6	1						
6	1						
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8	1						
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49							
50							
TOTAL IND.	5						
TOTAL DEP.	11						
TOTAL 16							

  

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
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63					
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TOTAL IND.					
TOTAL DEP.					
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